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OCT 06 2005

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: October 6, 2005

RE: U.S. Patent Application

TO: Examiner: Chaudhry, Saeed T.
Art Unit: 1746
Fax: (571) 273-8300
From: Patrick W. Rasche

Serial No.: 10/064,499
Applicant: Brian Johanski, et al.
Atty. Dkt. No.: 9D-HL-20081

DOCUMENTS SUBMITTED WITH TRANSMISSION:

- *Amendment Transmittal and Certificate of Mailing and Facsimile Transmission (3 pgs.)*
- *Amendment in Response to the Final Office Action dated July 6, 2005 (26 pgs.)*
- *Request for Continued Examination (RCE) in duplicate (1 pg.)*
- *Certificate of Facsimile Transmission (1 pg.)*

Total pages including cover page: 32

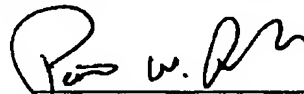
If all pages are not received, please contact: Lisa Schodrowski at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: Washing Machine Rinse Cycle Method and Apparatus
Filed: July 22, 2002
AT File No. 13307-270

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (571) 273-8300 on the date shown below.

Date: October 6, 2005


Patrick W. Rasche
Reg. No. 37,916

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OCT 06 2005

VIA FACSIMILE (703) 872-9302

9D-HL-20081
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian Johanski, et al.

:

Art Unit: 1746

Serial No.: 10/064,499

:

Examiner: Chaudhry, Saeed T.

Filed: July 22, 2002

:

For: WASHING MACHINE RINSE CYCLE
METHOD AND APPARATUS

:

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Amendment Transmittal and Certificate of Mailing/Transmission (3 pgs.)

Certificate of Facsimile Transmittal (1 pg.)

Request for Continued Examination (RCE) in duplicate (1 pg.)

Amendment in response to the Final Office Action dated July 6, 2005 (26 pgs.)

STATUS

2. Applicant

Claims small entity status.

☒ X

is other than a small entity.

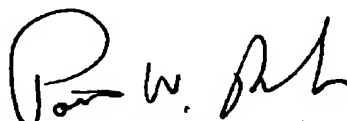
CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ Deposited with the United States Postal Service
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for Patents, Washington, D.C. 20231.

FACSIMILE

☒ X Transmitted by facsimile to the Patent and
Trademark Office at (571) 273-8300.Date: October 6, 2005Patrick W. Rache
Reg. No. 37,916

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ First month	\$ 110.00	\$ 55.00
_____ Second month	\$ 420.00	\$ 210.00
_____ Third month	\$ 950.00	\$ 475.00
_____ Fourth month	\$1,480.00	\$ 740.00
_____ Fifth month	\$2,010.00	\$1,005.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$9 = \$			x \$18 = \$
	MINUS	=	x \$43 = \$			x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$
 A duplicate of this transmittal is attached.

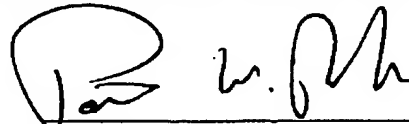
FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:



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